04/27/2011 16:11

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For	Other Than An A	uthorized Con	nmittee		Office Use Only	
NAME OF COMMITTEE (in fu		FEC MAILING LABE	EL Example:If over the lin	typing, type les			
BORDER HEALTH		C					
	1 1 1 1 1	1 1 1 1 1	<u> </u>	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	
ADDRESS (number and s	street) 61	2 W. Nolana Suite 34	10				
Check if differe than previously reported. (ACC	/ . M	cAllen			LTX [78504	-
2. FEC IDENTIFICAT	ION NUMBER	~	CITY 🛕		STATE	ZIPCOI	DE 🛕
C00415752		3.	IS THIS REPORT	NEW (N) OR	X AN	MENDED	
July 15 Quarterly X October 1 Quarterly January 3 Quarterly July 31 M	Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election y) (MY)	(c) 12-Day PRE-Election Report for the (d) 30-Day Post -Election Report for the	ection on Gener	May 20 (M5) Jun 20 (M6) Jul 20 (M7) ry (12P) ention (12C) al (30G)	Sep	in the	Special (30S)
5. Covering Period	07	01 2009	thr	ough 0 9	30	2009	
I certify that I have exami Type or Print Name of Ti	· _	t and to the best of my Ernie Perez	knowledge and bel	ief it is true, correct	and complete.		
Signature of Treasurer	Electronically	Filed by Ernie Pere	∋z		Date 0 4	27	2011
NOTE : Submission of fa	alse, erroneous,	, or incomplete informa	ation may subject th	e person signing th	nis Report to the	penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

A. Form/Schedule: F3XA

Transaction ID:

with respect to contribution made to recipient joe linus barton on 07.20.2009 reflecting designation date of G-2009, intent was to reflect designation date of G-2010. with respect to contribution made to recipient henry r cuellar on 09.02.2009 reflecting designation date of G-2009, intent was to reflect designation date of P-2010.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

[®]D

Write or Type Committee Name BORDER HEALTH FEDERAL PAC

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:	From:

м м 0 7 0 1 2009 0.9 3 0 2009 To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 832724.43 January 1 (b) Cash on Hand at 936267.84 Begining of Reporting Period 86672.08 262956.32 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1022939.92 1095680.75 6(a) and 6(c) for Column B) 128926.00 201666.83 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 894013.92 894013.92 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 1800.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

^D 3 0

2009

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M M M 0 7 0 1 Y Y W Y 0 9 0 9

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	84404.45	246122.54
	(ii) Unitemized	2267.63	11833.78
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	86672.08	257956.32
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	86672.08	257956.32
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	5000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	86672.08	262956.32
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	86672.08	262956.32

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS		COLUMN A	COLUMN B	
	SBURSEMENTS Total This Period Calendar Year-1			
	Expenditures: ————————————————————————————————————			
Activit	ry (from Schedule H4) Federal Share	0.00	0.00	
` '	Non-Federal Share	0.00	0.00	
Exper	Federal Operating nditures	42926.00	55666.83	
	Operating Expenditures 21(a)(i), (a)(ii) and (b))	42926.00	55666.83	
Committee	o Affiliated/Other Party	0.00	0.00	
 Contribution Federal Cand Other 	ns to Indidates/Committees Political Committees	86000.00	146000.00	
(use Sched	nt Expenditure dule E)	0.00	0.00	
 Coordinate 	d Expenditures Made by Party s (2 U.S.C. 441a(d)) dule F)	0.00	0.00	
	yments Made	0.00	0.00	
	le	0.00	0.00	
(a) Individ	Contributions To: duals/Persons Other Political Committees	0.00	0.00	
	al Party Committees	0.00	0.00	
` '	Political Committees as PACs)	0.00	0.00	
` '	Contribution Refunds Lines 28(a), (b), and (c))	0.00	0.00	
Other Disb	ursements	0.00	0.00	
	ection Activity (2 U.S.C 431(20))			
(from S	d Federal Election Activity Schedule H6)	0.00	0.00	
	deral Share			
	evin" Shareal Election Activity Paid Entirely	0.00	0.00	
With F	Federal Funds	0.00	0.00	
` '	Federal Election Activity (add s 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	oursements (add Lines 21(c), 22,	120026.00	201666.82	
23, 24, 25	5, 26, 27, 28(d), 29 and 30(c))	128926.00	201666.83	
	leral Disbursements Line 21(a)(ii) and Line 30(a)(ii)			
•	31)	128926.00	201666.83	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	86672.08	257956.32
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	86672.08	257956.32
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42926.00	55666.83
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	42926.00	55666.83

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 157 (check only one) X
	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
City	State Zip Code	07 17 2009 Transaction ID: SA11AI.10091
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		08 21 4 2009
City	State Zip Code	Transaction ID: SA11AI.10267
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Charity Abreu	<u> </u>	Date of Receipt
Mailing Address 1619 hertiage lane		09 / 17 / 2009
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.10438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

E. Xenops City McAllen TX 78504 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City Name of Employer Self employed Full Number of contributing federal political committee. Name of Employer Self employed Primary General Other (specify) ▼ Cupation Primary General Other (specify) ▼ Cupation Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: Amount of Each Cupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Transaction ID: Contribution Date of Receipt Amount of Each Transaction ID:	ER: PAGE 8 / 157 b 11c 12 15 16 17
Ricardo Abreu Mailing Address 200 E. Xenops State Zip Code Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Transaction ID	soliciting contributions rom such committee.
Ricardo Abreu Mailing Address 200 E. Xenops City McAllen TX 78504 Receipt For: Primary Other (specify) ▼ City Mailing Address 200 E. Xenops Coccupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen Tx 78504 Aggregate Year-to-Date ▼ Transaction ID: Amount of Each Contribution Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each	ot 17
Ricardo Abreu Mailing Address 200 E. Xenops City State Zip Code Transaction ID: McAllen TX 78504 FEC ID number of contributing federal political committee.	
Self employed physician Receipt For: Primary General Other (specify) Other (specify)	
SUBTOTAL of Receipts This Page (optional)	450.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
or for c	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC	atements mand add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Rub	Name (Last, First, Middle Initial)			Date of Receipt
	ling Address 104 augusta square	<u> </u>	7: 0 1	07 17 2009
City mc	allen	State TX	Zip Code 78503	Transaction ID: SA11AI.10093 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		250.00
Nan self	ne of Employer -employee	Occupatio physiciar		contribution
Rec	eeipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1750.00	
Rub	Name (Last, First, Middle Initial) pen Abreu			Date of Receipt
Mail	ling Address 104 augusta square			08 21 2009
City	,	State	Zip Code	Transaction ID: SA11AI.10268
<u>mc</u>	allen	TX	78503	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		250.00
Nan self	ne of Employer -employee	Occupatio physiciar		contribution
Rec	eeipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
	Name (Last, First, Middle Initial) pen Abreu			Date of Receipt
Mail	ling Address 104 augusta square			09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.10440
	allen	TX	78503	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		250.00 contribution
	ne of Employer -employee	Occupatio physiciar	<u> </u>	Contribution
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
OUDT	OTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the Greek only one)
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
∡ .	Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City	State Zip Code	Date of Receipt O 7 17 2009 Transaction ID: SA11AI.10094
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		750.00
 3.	Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage		Date of Receipt 0 8 2 1 2 0 0 9
	City Pharr	State Zip Code TX 78577	Transaction ID: SA11AI.10348
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	000.00
_ ;.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage	7.0	09 17 2009
	City <u>Pharr</u>	State Zip Code TX 78577	Transaction ID: SA11AI.10441 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements ma e name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State TX C Occupatio private ir Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Michael Amyx	0 0	1750.00	Date of Receipt
Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupatio private ir Aggregate		Transaction ID: SA11AI.10270 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupatio private ir Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 13 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may not be sine name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen	•	Code 504	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	304	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-	-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen		Code 504	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-		Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee.		Code 504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-	-Date ▼ 2250.00	contribution
SUBTOTAL of Receipts This Page (optional)	······	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 157 (check only one) X
	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird		Date of Receipt
City	State Zip Code	07 17 2009 Transaction ID: SA11AI.10101
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
Mailing Address 129 Bluebird		08 21 4 2009
City	State Zip Code	Transaction ID: SA11AI.10336
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
Mailing Address 129 Bluebird		09 17 2009
City <u>Mcallen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.10447 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street	225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596 C Occupation	Transaction ID: SA11AI.10295 Amount of Each Receipt this Period 125.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	doctor Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt 0 9 1 7 2 0 0 9
City Weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID: SA11AI.10449 Amount of Each Receipt this Period 125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation doctor Aggregate Year-to-Date 375.00	contribution
SUBTOTAL of Receipts This Page (optional)		275.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/15/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		areas of any pointed committee to	
Full Name (Last, First, Middle Initial) Murphy Badiga			Date of Receipt
Mailing Address 1503 S. Airport suite 6			07 17 2009
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10105
FEC ID number of contributing federal political committee.	C	76390	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Murphy Badiga			Date of Receipt
Mailing Address 1503 S. Airport suite 6			08 21 2009
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 0000	250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Murphy Badiga			Date of Receipt
Mailing Address 1503 S. Airport suite 6			0 9 1 7 2 0 0 9
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 0000	250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
or	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 50.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupatio physiciar Aggregate		contribution
	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10273
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10451
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self-employed	Occupatio physiciar	1	contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	
SI	UBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 157 (check only one) X
Any or f	vinformation copied from such Reports and or commercial purposes, other than using the	Statements may not be sold or used by any pole name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10107
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
•	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	*
	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		08 21 2009
	City	State Zip Code	Transaction ID: SA11AI.10274
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
•	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	1900.00	
	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		09 17 2009
	City	State Zip Code	Transaction ID: SA11Al.10452
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
•	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	•
	IRTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M 2 1
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.10453 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M D D D 2009 Transaction ID: SA11AI.10109 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M D D D Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 157 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements mand add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
∠ 4 .	Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt
	City mission FEC ID number of contributing	State TX	Zip Code 78572	Transaction ID: SA11AI.10110 Amount of Each Receipt this Period
	federal political committee. Name of Employer self-employed Receipt For:	Occupatio physiciar Aggregate		contribution
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		1750.00	
3.	Francisco Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.10277
	FEC ID number of contributing federal political committee.	C	16372	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
- ;.	Full Name (Last, First, Middle Initial) Francisco Bracamontes			Date of Receipt
	Mailing Address 2005 Cimarron Court			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10455
	mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional))	750.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/15/ (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			0 7 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.10111
mcallen FEC ID number of contributing	C	78501	Amount of Each Receipt this Period 250.00
federal political committee.			contribution
Name of Employer self-employed	Occupatio physiciar		Softe Batton
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			0 8 2 1 2 0 0 9
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.10278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76301	250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Robert Brace Mailing Address 2000 N. 8th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10456
mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional	.0		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation doctor Aggregate Year-to-Date 400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation doctor Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 225.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	425.00

City mcallen TX 78502 Name of Employer self-employed Occupation private investor Occupation Occupat	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Alorzo Cantu Mailing Address P.O.Box 2673 City State Zip Code TTX 78502 Transaction ID: SA11Al.10115 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Coccupation private investor Full Name (Last, First, Middle Initial) Alorzo Cantu Mailing Address P.O.Box 2673 City State Zip Code TX 78502 Transaction ID: SA11Al.10279 Anount of Each Receipt this Period Contribution Date of Receipt Name of Employer Self-employed TX 78502 Transaction ID: SA11Al.10279 Amount of Each Receipt this Period TX 78502 Transaction ID: SA11Al.10279 Amount of Each Receipt this Period Transaction ID: SA11Al.10279 Amount of Each Receipt this Period Transaction ID: SA11Al.10279 Transaction ID: SA11Al.10279 Amount of Each Receipt this Period Transaction ID: SA11Al.10279 Transaction ID: SA11Al.10459 Transaction ID: SA11Al	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Alonzo Cantu Mailing Address P.O.Box 2673 City State Zip Code TX 78502 FEC ID number of contributing federal political committee. Name of Employer Self-employed Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City State Zip Code Tx 78502 Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City State Zip Code Tx 2000.00 City State Zip Code Tx 78502 FEC ID number of contributing federal political committee. Name of Employer State Tx 78502 FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	Alonzo Cantu Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 1750.00	Transaction ID: SA11AI.10115 Amount of Each Receipt this Period 250.00
Alonzo Cantu Mailing Address P.O.Box 2673 City State Zip Code mcallen TX 78502 Transaction ID: SA11Al.10459 Amount of Each Receipt this Period EC	Alonzo Cantu Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78502 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10279 Amount of Each Receipt this Period 250.00
	Alonzo Cantu Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78502 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10459 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt O 7 17 2009 Transaction ID: SA11AI.10116 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 157 (check only one) X 11a
\ C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)			
	Jose Carreras Mailing Address 1016 E. Griffin Parkwa	av		Date of Receipt
				07 17 2009
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.10117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70072	250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 1750.00	
-	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
	Mailing Address 1016 E. Griffin Parkwa	ay		08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.10281
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer self-employed	Occupation physician		Contribution
	Receipt For: Primary General	Aggregate \	Year-to-Date ▼	_
	Other (specify)		2000.00	
_	Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
	Mailing Address 1016 E. Griffin Parkwa	ay		09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10461
	mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo Mailing Address 2300 Silverado North		Date of Receipt
City	State Zip Code	07 17 2009 Transaction ID: SA11AI.10118
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo Mailing Address 2300 Silverado North		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 9 Transaction ID: SA11AI.10297
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo	1	Date of Receipt
Mailing Address 2300 Silverado North		0 9 1 7 2 0 0 9
City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.10462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optional) .		450.00

Mailing Address 5021 Elk Lane City State Zip Code Transaction ID: SA11AI.10359 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 157 (check only one) X
Marissa Castaneda Mailing Address 5021 City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employer Pull Name (Last, First, Middle Initial) Marissa Castaneda Name of Employer Self-employer Self-employer State Zip Code TX 78539 FULL Name (Last, First, Middle Initial) Marissa Castaneda TX 78539 FEC ID number of contributing federal political committee. City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address S021 Elk Lane City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address S021 Elk Lane City State Zip Code TX 78539 FEC ID number of contributing federal political committee. C Cocupation private investor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 5021 Elk Lane City State Zip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer Brimary General City State Zip Code TX 78539 Amount of Each Receipt this Period Cocupation Private investor Aggregate Year-to-Date ▼ In I Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City State Zip Code Transaction ID: SA11AI.10359 Amount of Each Receipt this Period Contribution Date of Receipt M M M / 2 1 / 2 0 0 9 Transaction ID: SA11AI.10359 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.10463 Amount of Each Receipt this Period Transaction ID: SA11AI.10463 Amount of Each Receipt this Period Elk Lane Cocupation Private investor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 350.00	Transaction ID: SA11AI.10119 Amount of Each Receipt this Period 50.00
Marissa Castaneda Mailing Address 5021 Elk Lane City State Zip Code Transaction ID: SA11Al.10463 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00	Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78539 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10359 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78539 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10463 Amount of Each Receipt this Period 50.00
	SUBTOTAL of Receipts This Page (optional)		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> A.	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10120
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
- В.	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.10282
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
- С.	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			09 17 2009
	City · ·	State	Zip Code	Transaction ID: SA11Al.10464
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		2250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
-	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10121
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		08 / 21 / 2009
City	State Zip Code	Transaction ID: SA11AI.10283
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10465
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional) .	I	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street		Date of Receipt
suite 1	75.0.4	07 17 2009
City	State Zip Code TX 78591	Transaction ID: SA11AI.10122
weslaco	TX 78591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	1750.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
Mailing Address 1210 East 8th street suite 1		08 21 7 9 9
City .	State Zip Code	Transaction ID: SA11AI.10286
weslaco	TX 78591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan	I	Date of Receipt
Mailing Address 1210 East 8th street suite 1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10466
weslaco	TX 78591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 157 (check only one) X
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	itatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u>/</u>	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive			07 17 2009
	City <u>Mission</u>	State TX	Zip Code 78572	Transaction ID: SA11AI.10124 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		196.95
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 1572.74	
	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive	08 21 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10335
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		196.95
	Name of Employer selfemployed	Occupation physiciar		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1769.69	
	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10468
	Mission FEO ID and the street of the street	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		164.12 contribution
	Name of Employer selfemployed	Occupation physician	1	Continuation
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1933.81	
_	SUBTOTAL of Receipts This Page (optional)	•	_	558.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	 y not be sold or used by any perso dress of any political committee to	
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physiciar Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			620.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 157 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements magenate and add	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupatio physician Aggregate		Date of Receipt O 7 17 2009 Transaction ID: SA11AI.10126 Amount of Each Receipt this Period 223.93 contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupatio physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 0 9 Transaction ID: SA11AI.10288 Amount of Each Receipt this Period 223.93 contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupatio physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	634.47

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 157 (check only one) X
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
	Mailing Address 1400 Northgate			07 17 2009
	City <u>mcallen</u>	State TX	Zip Code 78504	Transaction ID: SA11AI.10127 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
	Mailing Address 1400 Northgate	08 21 2009		
	City	Zip Code	Transaction ID: SA11AI.10289	
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
	Mailing Address 1400 Northgate			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10471
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer self-employed	Occupatio physiciar	1	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2250.00	
_	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 157 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Darling			Date of Receipt
Mailing Address 1225 E Peking			07 17 2009
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.10128
FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 150.00
Name of Employer selfemployed	Occupatio private in		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) James Darling			Date of Receipt
Mailing Address 1225 E Peking	08 21 2009		
City	Transaction ID: SA11AI.10363		
<u>mcallen</u>	78501	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer selfemployed	Occupatio private in		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1200.00	
Full Name (Last, First, Middle Initial) James Darling			Date of Receipt
Mailing Address 1225 E Peking			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10472
mcallen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			150.00 contribution
Name of Employer selfemployed	Occupatio private in	nvestor	Continuution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	
SUBTOTAL of Receipts This Page (optiona	<u>'</u>		450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10130
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
Mailing Address 2408 Dorado		08 21 2009
City	State Zip Code	Transaction ID: SA11AI.10291
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
Mailing Address 2408 Dorado		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10474
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pere	
Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1050.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1200.00	Date of Receipt M M M 21 2009 Transaction ID: SA11AI.10334 Amount of Each Receipt this Period 150.00 contribution
Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 157 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	I Statements may he name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt
Mailing Address 136 W. Yucca		7: 0 1	07 17 2009
City mcallent	State TX	Zip Code 78504	Transaction ID: SA11AI.10137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7000-	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Antonio Esparza			Date of Receipt
Mailing Address 136 W. Yucca			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10339
<u>mcallent</u>	<u>TX</u>	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00]
Full Name (Last, First, Middle Initial) Antonio Esparza	l		Date of Receipt
Mailing Address 136 W. Yucca			0 9 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.10481
mcallent	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 contribution
Name of Employer selfemployed	Occupation physician		Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y O 9 Transaction ID: SA11AI.10482 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Alberto Felici	Course	Date of Receipt
Mailing Address 2309 W. Greenbriar	Square	07 17 2009
City	State Zip Code	Transaction ID: SA11AI.10139
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Alberto Felici	1	Date of Receipt
Mailing Address 2309 W. Greenbrian	08 21 2009	
City	State Zip Code	Transaction ID: SA11Al.10341
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
Mailing Address 2309 W. Greenbrian	Square	0 9 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10483
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
)	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y O 9 Transaction ID: SA11AI.10140 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

Any information copied from such Reports and State or for commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes, other than using the notation of the commercial purposes. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen	stements may not be sold or used by any personame and address of any political committee to some any	Date of Receipt 0 7 1 7 2 0 0 9
Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City		07 17 2009
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date	Transaction ID: SA11AI.10141 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.10306
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin		Date of Receipt
Mailing Address 3212 Nightingale Court		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10485
<u>McAllen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 157 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt
Mailing Address 5936 N. Cynthia	Ctata 7in Cada	07 17 2009
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.10142 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt
Mailing Address 5936 N. Cynthia		0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10343
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		07 17 2009
City	State Zip Code	Transaction ID: SA11AI.10143
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	_ [
Primary General Other (specify) ▼	1750.00	
CURTOTAL of Descripts This Dags (antisms)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 157 (check only one) X 11a 11b 11c 12 12 13 14 15 16 11.
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor e name and address of any political committee to s	for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.10344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76572	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.10488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Hiram Garcia	I	Date of Receipt
Mailing Address 2712 E Mile 5 Road		07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10144
Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·]	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 157 (check only one) X
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 9 Transaction ID: SA11Al.10349
mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period 250.00
federal political committee.	Occupation	contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10492
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00]
Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt
Mailing Address 3900 Sundown Drive		07 17 2009
City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.10148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	Date of Receipt O 9 17 2009 Transaction ID: SA11AI.10493 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78572 C Occupation physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	Aggregate Year-to-Date ▼ 1617.47	712.33

ation copied from such Reports and S nercial purposes, other than using the OF COMMITTEE (In Full) PER HEALTH FEDERAL PAC The (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze The sum of the	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1829.80	Date of Receipt Date of Receipt
me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze nn number of contributing political committee. If Employer ployed For: rimary General ther (specify) me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1829.80 State Zip Code	Transaction ID: SA11AI.10357 Amount of Each Receipt this Period 212.33 contribution Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 2208 Summer Breeze number of contributing political committee. If Employer ployed For: rimary General ther (specify) me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1829.80 State Zip Code	Transaction ID: SA11AI.10357 Amount of Each Receipt this Period 212.33 contribution Date of Receipt M M M D D D D D D D D D D D D D D D D
number of contributing political committee. If Employer ployed For: rimary General ther (specify) me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1829.80 State Zip Code	Date of Receipt Date of Receipt
number of contributing political committee. If Employer ployed For: Irimary General ther (specify) Ime (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1829.80 State Zip Code	Amount of Each Receipt this Period 212.33 contribution Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. If Employer ployed For: Irimary General ther (specify) Ime (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	Occupation physician Aggregate Year-to-Date 1829.80 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
For: rimary General ther (specify) me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	Occupation physician Aggregate Year-to-Date 1829.80 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
For: rimary General ther (specify) ▼ me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	physician Aggregate Year-to-Date ▼ 1829.80 State Zip Code	Date of Receipt M M
rimary General ther (specify) ▼ me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	State Zip Code	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ther (specify) me (Last, First, Middle Initial) Genovese Address 2208 Summer Breeze	State Zip Code	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 2208 Summer Breeze	<u> </u>	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<u> </u>	0 9 1 7 2 0 0 9 Transaction ID: SA11Al.10494
n	<u> </u>	
n	TV 70570	Amount of Each Donaint this Davied
	TX 78572	Amount of Each Receipt this Period
number of contributing political committee.	C	176.94
f Employer oloyed	Occupation physician	contribution
For:	Aggregate Year-to-Date ▼	
rimary General ther (specify) ▼	2006.74	
me (Last, First, Middle Initial)		Date of Receipt
Address 106 W. Flamingo		07 17 2009
	State Zip Code	Transaction ID: SA11AI.10150
en	TX 78504	Amount of Each Receipt this Period
number of contributing political committee.	C	100.00
f Employer oloyed	Occupation physician	contribution
For:	Aggregate Year-to-Date ▼	
rimary General ther (specify) ▼	700.00	
	L	489.27
	number of contributing political committee. f Employer ployed For: rimary General ther (specify)	Address 106 W. Flamingo State Zip Code TX 78504 number of contributing political committee. f Employer ployed For: For: For: For: For: For: For: For

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per- e name and address of any political committee	
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 800.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M D D Transaction ID: SA11AI.10154 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 157 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M 2 1
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 157 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.10418 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
	Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road			Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10502
	mission FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
	Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive			Date of Receipt 0 7 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10158
	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 157 (check only one) X 11a
Any information copied from such Reports and Stror for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
Mailing Address 905 Inspiratin Drive			08 / 21 / 2009
City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.10428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
Mailing Address 905 Inspiratin Drive			09 17 2009
City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.10503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10077	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) John Guerra			Date of Receipt
Mailing Address 3105 Forest Court			07 17 2009
City mission	State TX	Zip Code	Transaction ID: SA11AI.10160
FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
_ 3.	Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 9 Transaction ID: SA11AI.10426
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10506
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
Mailing Address 1402 E. 8th Street		07 17 2009
City	State Zip Code	Transaction ID: SA11AI.10162
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1723.25	
SURTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 157 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1973.25	
Rodolfo Guerrero Mailing Address 1402 E. 8th Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10507
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2223.25	
Full Name (Last, First, Middle Initial) Alberto Gutierrez	1	Date of Receipt
Mailing Address 6020 Wisconsin		07 17 2009
City <u>ed</u> inburg	State Zip Code TX 78539	Transaction ID: SA11AI.10163 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70339	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional) .	•	750.00

City edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Po 1 7 2 0 0 9 Transaction ID: SA11AI.10508 Amount of Each Receipt this Period Cocupation physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 157 (check only one) X
Ableto Guiderez Mailing Address 6020 Wisconsin City State Zip Code edinburg FEC ID number of contributing federal political committee. C Cocupation physician Receipt For: Primary General Other (specify) ▼ Name of Employer Selfemployed Primary General Other (specify) ▼ C Cocupation Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ 1750.00 Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Date of Receipt Amount of Each Receipt this Period Contribution Date of Receipt Amount of Each Receipt this Period Contribution Date of Receipt Date of Receipt Amount of Each Receipt this Period Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: Sall All. 1058 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: Sall All. 10164 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: Sall All. 10164 Tr	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Alberto Gutierrez Mailing Address 6020 Wisconsin City	Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID: SA11AI.10424 Amount of Each Receipt this Period 250.00
Marco Gutierrez Mailing Address 511 N. Depot Road City State Zip Code Transaction ID: SA11AI.10164 edinburg TX 78541 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.10164 Amount of Each Receipt this Period contribution	Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10508 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10164 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional) .	·	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 157 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician assistant Aggregate Year-to-Date 350.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	· 	550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 9 Transaction ID: SA11Al.10333
McAllen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer selfemployed	Occupation	contribution
Receipt For: Primary General Other (specify) ▼	physician assistant Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235		Date of Receipt
City	State Zip Code	0 9 1 7 2 0 0 9 Transaction ID: SA11AI.10511
<u>McAllen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician assistant	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt
Mailing Address 4008 Burns Drive So	outh	0 7 1 7 2 0 0 9
City <u>mcallen</u>	State Zip Code TX 78503	Transaction ID: SA11AI.10167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)	·	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sou City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sou City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	575.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 157 (check only one) X 11a
A	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
	Mailing Address 701 South J		08 21 2009
	City <u>McAllen</u>	State Zip Code TX 78501	Transaction ID: SA11AI.10330 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
_	Full Name (Last, First, Middle Initial) Thomas Hausle	1	Date of Receipt
	Mailing Address 701 South J		09 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10513
	McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 75.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	675.00	
_	Full Name (Last, First, Middle Initial) Robert Helbing	1	Date of Receipt
	Mailing Address 820 Tamarack		07 17 2009
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.10169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	160.09
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.85	
	SUBTOTAL of Receipts This Page (optional) .	1	310.09

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 157 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
/	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt
	Mailing Address 820 Tamarack			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.10417 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.09
	Name of Employer self-employed	Occupatio private in		contribution
	Receipt For: Primary General Other (specify) ▼	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 1265.94	
	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt
	Mailing Address 820 Tamarack			0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10514
	<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		133.41
	Name of Employer self-employed	Occupatio private ir		- contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1399.35	
	Full Name (Last, First, Middle Initial) Ms Monica Hensler			Date of Receipt
	Mailing Address 3414 Princess Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10171
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupatio private ir		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
_	SUBTOTAL of Receipts This Page (optional)			318.50

ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69/15/ (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) Ms Monica Hensler			Date of Receipt
Mailing Address 3414 Princess Stree	et		08 21 2009
City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.10320
FEC ID number of contributing federal political committee.	C	76539	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ms Monica Hensler			Date of Receipt
Mailing Address 3414 Princess Street	et		0 9 1 7 2 0 0 9
City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.10515
FEC ID number of contributing federal political committee.	C	76559	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez			Date of Receipt
Mailing Address 2000 Dana			0 7 1 7 2 0 0 9
City Pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.10173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70077	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optiona	J)		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 157 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ambrosio Hernandez			Date of Receipt
Mailing Address 2000 Dana			08 21 2009
City	State	Zip Code	Transaction ID: SA11AI.10362
<u>Pharr</u>	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez	L		Date of Receipt
Mailing Address 2000 Dana			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10517
<u>Pharr</u>	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2250.00	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez			Date of Receipt
Mailing Address 301 Byron Nelson [#40 Villas Jardin	Orive		07 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10174
<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1750.00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Driv #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	e State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Driv #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	e State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee to	
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road	7.01	08 21 2009
City <u>pharr</u>	State Zip Code TX 78577	Transaction ID: SA11AI.10419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
<u>.</u>		09 17 2009
City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.10504
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify)	2250.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		07 17 2009
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.10175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76572	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 157 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	ng the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt
Mailing Address 204 Rio Grande			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10416
mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia	L		Date of Receipt
Mailing Address 204 Rio Grande			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10519
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2250.00]
Full Name (Last, First, Middle Initial) Donna Joule	I		Date of Receipt
Mailing Address 708 S H Street			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10521
<u>mcallen</u>	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optio	L		525.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 1
d C	any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
•	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
	Walling Address 2546 Faill Officie		07 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10178
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10414
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2000.00	
	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle		09 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10522
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M 2 1
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y 0 9 17 2009 Transaction ID: SA11AI.10524 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	·····	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 157 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements ma he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.10182 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate		contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Alejandro Kudisch	0 0	1750.00	Date of Receipt
Mailing Address 323 Nightingale City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physcian Aggregate		contribution
Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale	1		Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.10526 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician		250.00 contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78/157 (check only one)
Any information copied from such Report for commercial purposes, other than	orts and Statements may not using the name and address	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	·	, , ,	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-h	<		07 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10183
weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		ar-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-h	(M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10410
FEC ID number of contributing federal political committee.	C	76390	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-h	(0 9 1 7 2 0 0 9
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7,000	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (o			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt	
Mailing Address 601 Tulip	Chata 7:- Cada	07 17 2009	
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.10184 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		
Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt	
Mailing Address 601 Tulip		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.10409	
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00 contribution	
Name of Employer selfemployed	Occupation physician	Contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	2000.00		
Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt	
Mailing Address 601 Tulip		09 17 2009	
City	State Zip Code	Transaction ID: SA11AI.10528	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		
SUBTOTAL of Receipts This Page (optional)	750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 157 (check only one) X	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to		
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt	
Mailing Address 901 West 9th Street #405 City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10185	
austin	TX 78703	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer self-employed	Occupation private investor	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		
Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt	
Mailing Address 901 West 9th Street #405		08 21 2009	
City	State Zip Code	Transaction ID: SA11AI.10408	
austin FEC ID number of contributing federal political committee.	TX 78703	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation private investor	contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	2000.00]	
Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt	
Mailing Address 901 West 9th Street #405		09 17 2009	
City austin	State Zip Code TX 78703	Transaction ID: SA11AI.10529	
FEC ID number of contributing federal political committee.	C 78703	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation private investor	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		
SUBTOTAL of Receipts This Page (optional)	l	750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y O D D Transaction ID: SA11AI.10186 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y O 9 Transaction ID: SA11AI.10530 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.10187 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation physician		contribution
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate		Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.10531 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physiciar Aggregate		contribution
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street			Date of Receipt
City weslaco FEC ID number of contributing	State TX	Zip Code 78596	Transaction ID: SA11AI.10188 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation physician		contribution
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City	State	Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
weslaco FEC ID number of contributing federal political committee.	TX C	78596	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physiciar		
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street			Date of Receipt
City weslaco FEC ID number of contributing	State TX	Zip Code 78596	Transaction ID: SA11AI.10532 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1938.88	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
. ∠ 4.	Full Name (Last, First, Middle Initial) Salil Mangi			Date of Receipt
	Mailing Address 3801 Sundown Court E	East		07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10190
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1750.00	
_ 3.	Full Name (Last, First, Middle Initial) Salil Mangi	<u> </u>		Date of Receipt
	Mailing Address 3801 Sundown Court E	08 21 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10405
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	1 ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
_ :_	Full Name (Last, First, Middle Initial) Salil Mangi			Date of Receipt
•	Mailing Address 3801 Sundown Court E	East		0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10534
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	1 1 1 1	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2250.00	
Γ				750.00
-	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 157 (check only one) X 11a	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt	
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10191	
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt	
Mailing Address 116 Cardinal		0 8 2 1 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.10404	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	2000.00		
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt	
Mailing Address 116 Cardinal		09 17 2009	
City	State Zip Code	Transaction ID: SA11AI.10535	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00 contribution	
Name of Employer selfemployed	Occupation physician	Continuation	
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	2250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

ľ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 157 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ado	rnot be sold of used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road	21.1		Date of Receipt 0 7 17 2 0 0 9
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.10192 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70372	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road	•		Date of Receipt 0 8 2 1 2 0 0 9
	City State Zip Code			Transaction ID: SA11AI.10332
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician	1	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
- :.	Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road			Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10536
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· •	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee to	
BORDER HEALTH FEDERAL PAGE	C	
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt
City edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.10194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith	08 21 2009	
City	State Zip Code	Transaction ID: SA11AI.10429
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10538
edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SURTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	ZED RECEIPTS for each category of the Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 Fast Yucca		Date of Receipt
	Ctata Zia Cada	07 17 2009
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.10195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Santos Martinez	1	Date of Receipt
Mailing Address 125 East Yucca		0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10403
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Santos Martinez	1	Date of Receipt
Mailing Address 125 East Yucca		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10539
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC		T
	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt
	City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10197
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt
	Mailing Address 1516 Iris	0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10402
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2000.00	
_	Full Name (Last, First, Middle Initial) Pedro McDougal	1	Date of Receipt
	Mailing Address 1516 Iris		09 17 2009
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.10541
	FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91/15/ (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt
Mailing Address 1300 1 1/2 Street			07 17 2009
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.10198
FEC ID number of contributing federal political committee.	C	76501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt
Mailing Address 1300 1 1/2 Street			0 8 2 1 2 0 0 9
City State Zip Code mcallen TX 78501			Transaction ID: SA11AI.10401
FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt
Mailing Address 1300 1 1/2 Street			0 9 1 7 2 0 0 9
City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.10543
FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for De	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 92 / 157 (check only one) X
\	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address	of any political committee to	solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City	State 2	Zip Code	Date of Receipt M
	mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year	-to-Date ▼ 1750.00	contribution
_ 3.	Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana			Date of Receipt 0 8 2 1 2 0 0 9
	City mission FEC ID number of contributing federal political committee.		Zip Code 78572	Transaction ID: SA11AI.10400 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year	-to-Date ▼ 2000.00	contribution
-).	Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City mission FEC ID number of contributing	TX	Zip Code 78572	Transaction ID: SA11AI.10544 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93/157 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
Mailing Address 5408 N. Cynthia			0 7 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.10202
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
Mailing Address 2821 Michael Angelo			07 17 2009
City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.10203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000	100.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
Mailing Address 2821 Michael Ang	jelo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10356
Edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optio	nal)		450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Mohamed Mailing Address 5408 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M D D D 2 0 0 9
Full Name (Last, First, Middle Initial) Carlos Mohamed Mailing Address 5408 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M D D 2009
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr. Mailing Address 2821 Michael Angelo City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 157 (check only one) X
A	ny information copied from such Reports and story for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
/	Full Name (Last, First, Middle Initial)			
	Carlos Morales Mailing Address 3325 Kent Lane			Date of Receipt 0 7 1 7 2 0 0 9
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.10204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane	08 21 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10396
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10547
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupatio physiciar	1	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2250.00	
_	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may he name and add	not be sold or used by any persongler dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupatio physiciar		Date of Receipt 0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10205 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing	State TX	Zip Code 78572	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupatio physiciar Aggregate		250.00 contribution
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive			Date of Receipt 0 9 1 7 2 0 0 9
City mission FEC ID number of contributing federal political committee.	State TX	Zip Code 78572	Transaction ID: SA11AI.10548 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupatio physician Aggregate		contribution
SUBTOTAL of Receipts This Page (optional)			750.00

ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St	tatemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg	State TX	Zip Code 78539	Date of Receipt M M M
•	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate		contribution
В.	Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg	State	Zip Code 78539	Date of Receipt M M
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physiciar	n	Amount of Each Receipt this Period 50.00 contribution
C.	Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate		Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
sı	Other (specify) ▼ JBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	150.00

opied from such Reports and Star purposes, other than using the report of the purposes	State TX C Occupation physician Aggregate Yea State TX C	Zip Code 78504	Date of Receipt Date of Receipt Transaction ID: SA11AI.10207 Amount of Each Receipt this Period Date of Receipt
EALTH FEDERAL PAC st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing al committee. loyer General pecify) st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing al committee.	TX C Occupation physician Aggregate Yea State TX C	78504 ar-to-Date ▼ 500.00 Zip Code	Transaction ID: SA11AI.10207 Amount of Each Receipt this Period 100.00 contribution Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
er of contributing all committee. General pecify) st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing all committee.	TX C Occupation physician Aggregate Yea State TX C	78504 ar-to-Date ▼ 500.00 Zip Code	Transaction ID: SA11AI.10207 Amount of Each Receipt this Period 100.00 contribution Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
er of contributing all committee. loyer General pecify) st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing all committee.	TX C Occupation physician Aggregate Yea State TX C	78504 ar-to-Date ▼ 500.00 Zip Code	Transaction ID: SA11AI.10207 Amount of Each Receipt this Period 100.00 contribution Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General pecify) st, First, Middle Initial) ass 9917 Bentsen Road er of contributing al committee.	TX C Occupation physician Aggregate Yea State TX C	78504 ar-to-Date ▼ 500.00 Zip Code	Amount of Each Receipt this Period 100.00 contribution Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General pecify) st, First, Middle Initial) ass 9917 Bentsen Road er of contributing al committee.	C Occupation physician Aggregate Year	ar-to-Date ▼ 500.00 Zip Code	Date of Receipt M M D D C
General pecify) st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing	physician Aggregate Yea State TX	500.00 Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
st, First, Middle Initial) a ss 9917 Bentsen Road er of contributing	Aggregate Year	500.00 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
er of contributing	TX	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
er of contributing Il committee.	TX	•	Transaction ID: SA11AI.10299 Amount of Each Receipt this Period
al committee.	TX	•	Amount of Each Receipt this Period
al committee.	C	78504	
al committee.			100.00
oyer	0 1'		a a maturilla cuti a m
	Occupation physician		contribution
General pecify) ♥	Aggregate Yea	ar-to-Date ▼ 600.00	
st, First, Middle Initial) a			Date of Receipt
9917 Bentsen Road			09 17 2009
	State	Zip Code	Transaction ID: SA11AI.10552
	TX	78504	Amount of Each Receipt this Period
	C		100.00
loyer	Occupation physician		contribution
General pecify) ♥	Aggregate Yea	ar-to-Date ▼ 700.00	
<u> </u>			
	er of contributing all committee. loyer General specify) Receipts This Page (optional)	loyer Occupation physician General Aggregate Year	er of contributing al committee. C

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pere	
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 15 / (check only one)
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum_{i}	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		2000 C. W.) PONICE CO	
<u>′ </u>	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10211
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			08 21 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.10393
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10554
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2250.00	
_	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 157 (check only one) X 11a
Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (Ir BORDER HEALTH FEE	ner than using the name and a n Full)	ay not be sold or used by any pers ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Kip Owen Mailing Address 2305 Re City mcallen FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State TX ing C Occupati physicia Aggrega		Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.10212 Amount of Each Receipt this Period 75.00 contribution
Full Name (Last, First, Midd Kip Owen Mailing Address 2305 Re City mcallen FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For: Primary Gen Other (specify)	State TX ing C Occupati physicia Aggrega		Date of Receipt M M M
Full Name (Last, First, Midd Kip Owen Mailing Address 2305 Re City mcallen FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State TX ing C Occupati physicia Aggrega		Date of Receipt M M M
SUBTOTAL of Receipts This	Page (optional)		225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102/15/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.			Date of Receipt
Mailing Address P.O. Box 3669			07 17 2009
City Edinburg	State TX	Zip Code 78540	Transaction ID: SA11AI.10213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70070	50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.	1		Date of Receipt
Mailing Address P.O. Box 3669			0 8 2 1 2 0 0 9
City Edinburg	State TX	Zip Code	Transaction ID: SA11AI.10318
FEC ID number of contributing federal political committee.	C	78540	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.			Date of Receipt
Mailing Address P.O. Box 3669			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State TX	Zip Code 78540	Transaction ID: SA11AI.10556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70070	50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	I Statements may he name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.10216 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	contribution 250.00
Primary General Other (specify)	Aggregate	1750.00	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary			Date of Receipt 0 8 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.10371
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Prakash Palimar	-		Date of Receipt
Mailing Address 121 Canary			09 / 17 / 2009
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.10557
FEC ID number of contributing federal political committee.	C	70004	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 15 / (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
Mailing Address 24399 Dillworth Road			07 17 2009
City Harlingen	State TX	Zip Code 78552	Transaction ID: SA11AI.10215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
Mailing Address 24399 Dillworth Road			08 21 YYYY 2009
City Harlingen	State TX	Zip Code 78552	Transaction ID: SA11AI.10317 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation		contribution
Receipt For: Primary General Other (specify) ▼	_, · · ·	Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
Mailing Address 24399 Dillworth Road			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.10558
<u>Harlingen</u>	TX	78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation		contribution
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
			750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 157 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ a .	Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed	State Zip Code TX 78502 C Occupation physcian	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
3.	Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959		Date of Receipt 0 8 2 1 2 0 0 9
	City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID: SA11AI.10355 Amount of Each Receipt this Period 150.00
	Name of Employer Self-employed Receipt For: Primary General	Occupation physcian Aggregate Year-to-Date	contribution
_).	Other (specify) Full Name (Last, First, Middle Initial) Eduardo Pequero	1200.00	Date of Receipt
·•	Mailing Address P.O.Box 5959	0) de	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID: SA11AI.10559 Amount of Each Receipt this Period 150.00
	Name of Employer Self-employed	Occupation physcian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
	SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 157 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totamente meur	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 157 (check only one) X 11a
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and addre	tot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court			Date of Receipt
	City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.10221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		250.00 contribution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	private inv	estor /ear-to-Date ▼ 1750.00	
_ 3.	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court			Date of Receipt 0 8 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10388
	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private inv		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2000.00	
-).	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court			Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10561
	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private inv	estor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360		Date of Receipt		
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10222		
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	118.46		
Name of Employer self-employed	Occupation private investor	contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	835.27			
Full Name (Last, First, Middle Initial) Ernie Perez	1	Date of Receipt		
Mailing Address P.O. Box 5360		08 / 21 / 2009		
City	State Zip Code	Transaction ID: SA11AI.10266		
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	118.46 contribution		
Name of Employer self-employed	Occupation private investor	Contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	953.73			
Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt		
Mailing Address P.O. Box 5360	Mailing Address P.O. Box 5360			
City	State Zip Code	Transaction ID: SA11AI.10562		
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	98.72 contribution		
Name of Employer self-employed	Occupation private investor	Continuation		
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	1052.45			
SUBTOTAL of Receipts This Page (optional)		335.64		
TOTAL This Period (last page this line numbe	r only)			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 157 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers le name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt
	Otata 75a Orala	07 17 2009
City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.10223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	241.17
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1702.19	
Full Name (Last, First, Middle Initial) Claudia Pierson	. L	Date of Receipt
Mailing Address 6912 N. Peking		08 21 2009
City	State Zip Code	Transaction ID: SA11AI.10376
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	241.17
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1943.36	
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10563
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.97 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2144.33	
SURTOTAL of Receipts This Page (optional)		683.31

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.10225 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate		contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Sergio Preciado	0 0	1750.00	Date of Receipt
Mailing Address 521 E. Bluebird City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.10434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate		contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird	0 0		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.10565 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physiciar Aggregate		contribution
SUBTOTAL of Receipts This Page (optional)			750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Sergio Raminez Mailing Address 1608 Woods Drive City State Zip Code Mission TX 78572 FEC ID number of contributing rederal political committee. Cupation Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sergio Raminez Mailing Address 1608 Woods Drive City State Zip Code TX 78572 FEC ID number of contributing Federal political committee. Cupation Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sergio Raminez Mailing Address 1608 Woods Drive City FEC ID number of contributing Federal political committee. Cupation Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sergio Raminez Mailing Address 1608 Woods Drive City State Zip Code TX 78572 FEC ID number of contributing Cupation Physician Aggregate Year-to-Date ▼ Tansaction ID: SA11A1.10566 Amount of Each Receipt this Period FEC ID number of contributing FEC ID number of contributing	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Sergio Ramirez Mailing Address 1608 Woods Drive City Mission FEC ID number of contributing federal political committee. Name of Employer Self employer Mailing Address 1608 Woods Drive City Mission FEC ID number of contributing federal political committee. C C Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.10226 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.10226 Transactio	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Sergio Ramirez Mailing Address 1608 Woods Drive City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.10435 Receipt For: Aggregate Year-to-Date ▼ City Sergio Ramirez Mailing Address 1608 Woods Drive City State Zip Code Tx 78572 Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive City State Zip Code Tx 78572 City State Zip Code Tx 78572 FEC ID number of contributing federal political committee. Name of Employer selfemployer Receipt For: Aggregate Year-to-Date ▼ Cocupation physician Receipt For: Aggregate Year-to-Date ▼ Contribution Name of Employer selfemployer Receipt For: Aggregate Year-to-Date ▼ Contribution Aggregate Year-to-Date ▼ Contribution	Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Transaction ID: SA11AI.10226 Amount of Each Receipt this Period 250.00
Mailing Address 1608 Woods Drive City State Zip Code Transaction ID: SA11AI.10566 Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M M O D D O 1 1 7 2 0 0 9 Transaction ID: SA11AI.10566 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ 2250.00	Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10435 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Sergio Ramirez Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10566 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physicain Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physicain Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physicain Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D D / Y Y Y Y Y 1 7 2 0 0 9 Transaction ID: SA11AI.10567 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totamento mon	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 157 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	r not be sold or used by any pers dress of any political committee to	os solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10229
	Edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private in Aggregate		contribution
– В.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane			Date of Receipt 0 8 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10315
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 contribution
	Name of Employer selfemployed	Occupation private in	vestor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane			Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10570
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private in	vestor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	•		150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 157 (check only one) X 11a
A 0	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt 0 7 1 7 2 0 0 9
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.10231 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10387
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 125.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1750.00]
	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10572
	Weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 125.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1875.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			375.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 157 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City	State Zip Code	Date of Receipt M M
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1750.00	contribution
В.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10386
	mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period 250.00
	Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date 2000.00	contribution
C.	Full Name (Last, First, Middle Initial) William Restrepo		Date of Receipt
	Mailing Address 1117 S. Cynthia		09 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10573
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)	·	750.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: SA11AI.10234
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt
Mailing Address 100 E. Houston		08 21 2009
City 	State Zip Code	Transaction ID: SA11AI.10385
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Homero Rivas	1	Date of Receipt
Mailing Address 100 E. Houston		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10575
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persenance and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date 1750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	ose separate seriodate(s)	FOR LINE NUMBER: PAGE 118 / 157 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F BORDER HEALTH FEDE	•	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle		Data of Bassist
Mr. Martin Rocha Mailing Address P.O. Box	662	Date of Receipt 0 7 1 7 2 0 0 9
City Santa Rosa	State Zip Code TX 78593	Transaction ID: SA11AI.10236 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Mr. Martin Rocha	, 	Date of Receipt
Mailing Address P.O. Box	662	0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10313
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Gener	350.00	
Full Name (Last, First, Middle Mr. Martin Rocha	Initial)	Date of Receipt
Mailing Address P.O. Box		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.10577
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	*
SURTOTAL of Receipts This Pa	ge (optional)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 875.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1125.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 7 2 0 0 9 Transaction ID: SA11AI.10578 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 157 (check only one) X 11a
C C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
١.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Squ		07 17 2009
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.10239
	FEC ID number of contributing federal political committee.	C 78303	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Squ	08 21 Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10382
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Squ	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10580
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt O 7 17 2009 Transaction ID: SA11AI.10240 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y O 9 Transaction ID: SA11AI.10582 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 157 (check only one) X
or for co	mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC	tatements may n name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
LEISA Mailir City Miss FEC feder: Name Self e	ID number of contributing all political committee. e of Employer employed lipt For: Primary General	State TX C Occupation physician Aggregate Y	Zip Code 78574 ear-to-Date ▼	Date of Receipt 0 7 17 2009 Transaction ID: SA11AI.10243 Amount of Each Receipt this Period 125.00 contribution
Full N Elisa Mailir City Miss FEC feders	Other (specify) Jame (Last, First, Middle Initial) Garza Sanchez ag Address 3509 N. Glasscock Jon ID number of contributing al political committee. e of Employer employed ipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate Y	Zip Code 78574 ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 8
Elisa Mailir City Miss FEC federa Name Self e	lame (Last, First, Middle Initial) Garza Sanchez Ig Address 3509 N. Glasscock ID number of contributing al political committee. e of Employer employed ipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate Y	Zip Code 78574 ear-to-Date ▼ 1125.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional)			375.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed	State Zip Code TX 78574 C Occupation physician	Date of Receipt 0 7 17 2009 Transaction ID: SA11AI.10242 Amount of Each Receipt this Period 219.06 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1660.74	
_ В.	Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt 0 8 2 1 2 0 0 9
	City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574 C	Transaction ID: SA11AI.10347 Amount of Each Receipt this Period 219.06
	Name of Employer Self employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 1879.80	contribution
_).	Full Name (Last, First, Middle Initial) John Sharp Mailing Address P. O.Box 236		Date of Receipt 0 7 1 7 2 0 0 9
	City austin	State Zip Code TX 78767	Transaction ID: SA11Al.10244 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	
	Primary General Other (specify)	1750.00	
	SUBTOTAL of Receipts This Page (optional)		688.12

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Sharp Mailing Address P. O.Box 236 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78767 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) John Sharp Mailing Address P. O.Box 236 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78767 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 157 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt
	State 7in Code	08 21 2009
City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.10378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
Mailing Address 4000 Burns Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10585
<u>mcallen</u>	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		0 7 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10246
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
CURTOTAL of Descirte This Desc (entional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per e name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet City Mcallen	State Zip Code TX 78501	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78501 C Occupation	Amount of Each Receipt this Period 147.12 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1131.83	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt 0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10360
<u>Mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	147.12 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1278.95	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		0 9 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10590
Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 122.60
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1401.55	
SUBTOTAL of Receipts This Page (optional)	•	416.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 157 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M D D 2 1 2 0 0 9
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 157 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
/	Full Name (Last, First, Middle Initial)			
	Susan Turley Mailing Address 312 Thunderbird			Date of Receipt
	City	State	Zip Code	07 17 2009 Transaction ID: SA11AI.10251
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Susan Turley	1		Date of Receipt
	Mailing Address 312 Thunderbird			0 8 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10374
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10593
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer self-employed	Occupatio physiciar	1	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
_	SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the Circuit only
(Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
<u>∠</u> 4.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission	State Zip Code TX 78572	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	contribution 250.00
- В.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission	State Zip Code TX 78572	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	contribution
- C.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission	State Zip Code TX 78572	Date of Receipt M M M
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date 2256	contribution
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1 0 0 1 0 0 0	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 157 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 600.00	Date of Receipt M M 2 1 2 0 0 9
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		400.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	orts and Statements may not be sold or used by any pers using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial Jose Vasquez Mailing Address 2548 Palm Cir	,	Date of Receipt
City rio grande city	State Zip Code TX 78582	Transaction ID: SA11AI.10361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial Jose Vasquez	,	Date of Receipt
Mailing Address 2548 Palm Cir	09 17 2009	
City	State Zip Code	Transaction ID: SA11AI.10523
rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial Dr. Efraim Vela Mailing Address 100 E. Ridge		Date of Receipt 0 7 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.10254
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (c	optional)	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 157 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any per name and address of any political committer	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt
	City McAllen	State Zip Code TX 78503	Transaction ID: SA11AI.10312 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1750.00	contribution
	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt 0 9 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10595
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
	Mailing Address 1806 Summerfield Dri		07 17 2009
	City <u>Edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.10255 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 157 (check only one) X
A 0	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez Mailing Address 1806 Summerfield Driv City Edinburg FEC ID number of contributing	State TX	Zip Code 78539	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private in Aggregate		contribution
 3.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez Mailing Address 1806 Summerfield Driv City	/e State	Zip Code	Date of Receipt M
	Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX C	78539	Amount of Each Receipt this Period 50.00 contribution
	Receipt For: Primary General Other (specify)	private in	vestor Year-to-Date ▼ 400.00	
_ :.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658			Date of Receipt 0 7
	City Raymondville FEC ID number of contributing federal political committee.	State TX	Zip Code 78580	Transaction ID: SA11AI.10256 Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
[;	SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 157 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date 350.00	Date of Receipt M M 2 1
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 875.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 157 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M D D 2 1 2 0 0 9
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 1125.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1236.91	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		397.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 157 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1384.41	Date of Receipt M M M 21 2009 Transaction ID: SA11AI.10370 Amount of Each Receipt this Period 147.50 contribution
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 7 17 2009 Transaction ID: SA11AI.10259 Amount of Each Receipt this Period 120.58 contribution
SUBTOTAL of Receipts This Page (optional)		390.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date 1131.80	Date of Receipt M
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date 1232.29	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.10600 Amount of Each Receipt this Period 100.49 contribution
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	371.07

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date 1200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date 1350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (Crieck only only)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by he name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City	State Zip Code	Date of Receipt 0 8 2 1 2 0 0 9 Transaction ID: SA11AI.10368
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 200	contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID: SA11AI.10262 Amount of Each Receipt this Period 133.28
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 102	contribution 3.01
SUBTOTAL of Receipts This Page (optional)		633.28

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 15 / (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	<u>-</u>		
Full Name (Last, First, Middle Initial) James Webb			Date of Receipt
Mailing Address 312 Redbud			0 8 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.10367
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 133.28
Name of Employer self-employed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1156.29	
Full Name (Last, First, Middle Initial) James Webb			Date of Receipt
Mailing Address 312 Redbud			0 9 1 7 2 0 0 9
City mcallen	State TX	Transaction ID: SA11AI.10603	
FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 111.07
Name of Employer self-employed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1267.36	
Full Name (Last, First, Middle Initial) Patrick Wilcox			Date of Receipt
Mailing Address 111 Rio Grande			0 7 1 7 2 0 0 9
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.10263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70072	100.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (option			344.35

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 157 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 900.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 157 (check only one) X 11a
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M
_ В.	Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 7 2 0 0 9 Transaction ID: SA11AI.10605 Amount of Each Receipt this Period 50.00 contribution
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		350.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 157 (check only one) X 11a
or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	rnot be sold of used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	, ' · · · · · · · · · · · · · · · · · · 	Year-to-Date ▼ 1750.00]
В.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops			Date of Receipt 0 8 2 1 2 0 0 9
	City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation		Transaction ID: SA11AI.10365 Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 2000.00	
 C.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops			Date of Receipt 0 9 1 7 2 0 0 9
	City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.10606 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
s	UBTOTAL of Receipts This Page (optional)	1		750.00
Ţ	OTAL This Period (last page this line number	only)	•	84404.45

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В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN			R:			PA	GE	148	157	
ITEMIZED DISBURSEMENTS		category of the Summary Page		_	21b 27	F	22 28a	Н	23 28b		24 28c		25 29	\square	26 80b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC															
Full Name (Last, First, Middle Initial) AC Rentals							Date o		isburs	eme	SB21E			Y	
Mailing Address PO Box 2673							0 8		1	3		. 2	0 0 8)	
,	State TX	Zip Code 78502					Amou	nt o	f Each	Dis	burser	-			7
Purpose of Disbursement office renovation Candidate Name			Ca	at	egory/				•	•		10	50.00)	_
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) AC Rentals							Date o		isburs	_	SB21E			Y	
Mailing Address PO Box 2673							0 8		1	3		. 2	0 Ď 9	9	
•	State TX	Zip Code 78502					Amou	nt o	f Each	Dis	burser				7
Purpose of Disbursement office lease expenditure Candidate Name				_	01		L.					10	50.00)	_
					egory/ ype										
Senate President	ment For: Primary Other (spe	General ▼													
State: District: Full Name (Last, First, Middle Initial)							Trans	acti	ion ID:	: 5	SB21E	3.10	638		_
Congressional Quarterly							Date		isburs	eme				Y	
Mailing Address 1255 22nd Street NW							0 7			2	L	2	o ŏ s)	
	State DC	Zip Code 20037					Amou	nt o	f Each	Dis	burser	-			7
Purpose of Disbursement subscription services			Г	C	01		L.			_		20	00.00)	_
Candidate Name			Ca	at	egory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	2009 X General ecify) ▼													
State: District:	· · · · · · · · · · · · · · · · · · ·							_							_
SUBTOTAL of Disbursements This Page (optional) .					>							410	00.00)	

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 149 / 157 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.10660 Education Service Center Region I of Texas Date of Disbursement 28 0 9 2009 Mailing Address 1900 W. Schunior City State Zip Code Amount of Each Disbursement this Period Edinburg, TX 78539 37500.00 Purpose of Disbursement donation 012 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.10651 **Executive Transportion** Date of Disbursement 19 0 8 2009 Mailing Address 1050 N. Sugar Road City State Zip Code Amount of Each Disbursement this Period Pharr TX 78577 1300.00 Purpose of Disbursement membership soliciation expenditure 003 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

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Other (specify)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) A. HENRY R CUELLAR			Transaction ID: SB23.10657 Date of Disbursement
Mailing Address 1519 Washington Str 2nd Floor Suite 200			09 02 2009
City LAREDO	State Zip Code TX 78042		Amount of Each Disbursement this Period
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State: TX District: 28 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.10630
B. DOGGETT FOR US CONGRESS			Date of Disbursement
Mailing Address PO Box 5843			07
City Austin	State Zip Code TX 78763		Amount of Each Disbursement this Period
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Senate President	ursement For: 2009 Primary X General Other (specify) ▼		
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C. ENGEL FOR CONGRESS			Date of Disbursement
Mailing Address 462 California Road			
City Bronxville	State Zip Code NY 10708		Amount of Each Disbursement this Period
Purpose of Disbursement contribution		011	5000.00
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CORPUS CHRISTI Purpose of Disbursement contribution Candidate Name SOLOMON P ORTIZ Office Sought: X House Senate President Disbursement For: Primary Category/ Type Disbursement For: 2009 Primary Category/ Type Other (specify) Other (specify)	CORPUS CHRISTI Purpose of Disbursement contribution Candidate Name SOLOMON P ORTIZ Office Sought: X House Disbursement For: Primary X General Disbursement For: 2009 Primary X General	ž 0 0 9 °
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SOLOMON P ORTIZ Office Sought: X House Senate President Disbursement For: 2009 Primary X General Other (specify) Other (specify)	SOLOMON P ORTIZ Office Sought: X House Disbursement For: 2009 Senate Primary X General	00.00
Senate Primary X General President Other (specify) ▼	Senate Primary X General	
State: TX District: 27		
	State: TX District: 27	

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER:	PAGE 155 / 157
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check or 21b 27	22 X 23 28a 28	
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					
	Full Name (Last, First, Middle Initial) SOLOMON P ORTIZ				Date of Disbu	
	Mailing Address 4514 CARLOW				07 /	$\begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix}$
	City CORPUS CHRISTI	State Zip Code TX 78467			Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement contribution Candidate Name			011		5000.00
	SOLOMON P ORTIZ	ement For: 2010		ategory/ Type	-	
		Primary General Other (specify) ▼				
 B.	Full Name (Last, First, Middle Initial) ARLEN SPECTER				Date of Disbu	
	Mailing Address 444 NORTH CAPITOL S	ST NW SUITE 517A			09 /	D 2 1 Y 2 0 0 9 Y
	City WASHINGTON	State Zip Code DC 20001			Amount of Ea	ach Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name			011 Category/		5000.00
	ARLEN SPECTER		Ľ	Type		
	Office Sought: House Disburs	ement For: 2009 Primary X General Other (specify) ▼				
	Full Name (Last, First, Middle Initial) ARLEN SPECTER				Date of Disbu	
	Mailing Address 444 NORTH CAPITOL S	ST NW SUITE 517A			0 9 1	21 4 2009
	City WASHINGTON	State Zip Code DC 20001			Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement contribution Candidate Name			011 Category/		5000.00
	ARLEN SPECTER			Type		
	Senate X X President	ement For: 2010 Primary General Other (specify)				
<u> </u>	State: District: 00					15000.00
Г	SUBTOTAL of Disbursements This Page (optional) COTAL This Period (last page this line number only					86000.00
L'	The Trib I choo (last page this line humber only	<i>,</i>				

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

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FOR LINE NUMBER:

Excluding Loans	ATIONO		numbered line)	(check only one)	X 10
NAME OF COMMITTEE BORDER HEALTH F					
A. Full Name (Last, AC Rentals	First, Middle Initial) of Debtor	or Creditor	Nature of D rental spa	rebt (Purpose):	
Mailing Address PC) Box 2673				
City McAllen	State TX	ZIP Code 78502			
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.95	553
	900.00				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of 1	his Period
	0.00	0.00			900.00
B. Full Name (Last, AC Rentals	First, Middle Initial) of Debtor	or Creditor	Nature of D rental spa	ebt (Purpose): ace	
Mailing Address PC) Box 2673				
City McAllen	State TX	ZIP Code 78502			
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.10	0053
	900.00				
Amount Inc	urred This Period	Payment This Period		ng Balance at Close of T	
	0.00	0.00			900.00
1) SUBTOTALS This	Period This Page (optional)		>	1800.0	00
2) TOTALS This Period	d (last page this line number	only)	>	1800.0	00
3) TOTAL OUTSTAND	ING LOANS from Schedu	ıle C (last page only)	>	0.0	00
4) ADD 2) and 3) and	carry forward to appropriate	ine of Summary Page (last page only	·) •	1800.0	00

 $\textbf{A.} \ \ \, \text{Form/Schedule}: \ \, \textbf{SD10}$ rent expenditure for office for 1st quarter of 2009 incurred but not paid.

B. Form/Schedule: SD10

Transaction ID: SD10.10053

Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.